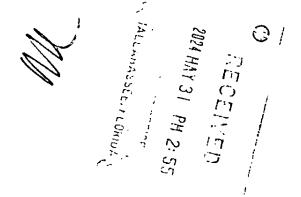
La3 000520907

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A PCY BUSINESS Strategies LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rodney Funder burk, Name of Person
Firm/Company
267 John Knox R.D. Scit #121
Talla Lassee FL 32303 City/State and Zip Code
Final address: To be used for future annual report notification)
For further information concerning this matter, please call:
Rodne y Fulder b WH at (856), 206-4444 Name of Person Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Pey S S M. (Name of the Limited Lia	ability Company	sas it now appears on oblitive Company)	our records.)	10	
The Articles of Organization for this Limited Liabilit	ty Company w	ere filed on	<u>21/202</u>	and assigne	:d
This amendment is submitted to amend the following	ā:				
A. If amending name, enter the new name of the	limited liabili	ty company here:			
The new name must be distinguishable and contain the words "	Limited Liability	Company," the designa	ation "LLC" or the al	obreviation "L.L.C."	,
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	ODRESS)				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	2				
B. If amending the registered agent and/or registongent and/or the new registered office address her		dress on our record	is, enter the nan	ie of the new re	gistered
Name of New Registered Agent:	.				
New Registered Office Address:					<u>:</u>
		Enter Florida sti	reet address		:
		City	, Florida	Zip Code	
		*			

New Registered Agent's Signature, if changing Registered Agent:

Λ

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rodney Funderburk Sr.	267 John Knox RD # 12 Talla Lass	21
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

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Note: If the	ate, if other than the didate is listed, the date must be date inserted in this blocaffective date on the Dep	k does not m	eet the applic	cable statutory	; Or BROLE HIAH 2	(optional 0 days after filing ments, this date	g.) Pursuant to 605	5.0207 (ed as t
he record spec ord is filed.	ifies a delayed effective	date, but not a	an effective t	ime, at 12:01 :	a.m. on the ea	rlier of: (b) T	he 90th day afte	r the
Dated 0	131/2024	1						
_					_			
-		ignature of a m	nember or auth	orized represen	tative of a mem	ber		

Filing Fee: \$25.00